

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27145

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 28

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| 1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> | |
| b. CITY OR TOWN <u>Queen City</u> | c. LENGTH OF STAY (in this place) <u>2 mo.</u> | c. CITY OR TOWN <u>Queen City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0980</u> | |

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|-------------------------------------|------------------------|------------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Catherine</u> | c. (Last) <u>Davis</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 '57</u> |
|-------------------------------------|------------------------|------------------------------|------------------------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11-21-74</u> | 9. AGE (in years last birthday) <u>82</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City, old State or Foreign Country) <u>Linneville Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Baker</u> | 13b. MOTHER'S MAIDEN NAME <u>Caroline Surigant</u> | 14. NAME OF HUSBAND OR WIFE <u>George Davis</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (as. so. or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>George O. Davis</u> | ADDRESS <u>Queen City</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerulonephritis</u> DUE TO (c) <u>arteriosclerotic heart disease</u> | | <u>unknown</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>592x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1956, to July 20, 1957, that I last saw the deceased alive on July 20, 1957, and that death occurred at 12:30 am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Print or title) <u>W. T. Kutenalun DO</u> | 23b. ADDRESS <u>Richville MO</u> | 23c. DATE SIGNED <u>7-21-57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 22 '57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Iarr Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Queen City MO</u> |
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| DATE REC'D BY LOCAL REG. <u>7-22-57</u> | REGISTRAR'S SIGNATURE <u>W. A. P. Drake</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Doolley Inval Home</u> | ADDRESS <u>Queen City</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0980

35

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack H. Cook*.....

Licensed Embalmer No...461...

P. O. Address *Queens City*...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.